



STATE OF NEW HAMPSHIRE RACING AND CHARITABLE GAMING COMMISSION
57 Regional Drive, Unit 3, Concord, NH 03301-8530 Telephone (603) 271-2158 Fax (603) 271-3381
GAMES OF CHANCE MONTHLY FINANCIAL REPORT (RSA 287-D:5)

For official use only

Name of Organization: _____ Game Date: _____

Organization Contact Number: _____ Organization ID#: _____

Organization Playing Address: _____ Organization License #: _____
Street Address City State

Name of Game Operator Employer: _____ Name of Primary Game Operator: _____

Line	Gross Revenue	
1a	Games where chips have no monetary value (From page 3, line 42 total column)	
1b	Percentage to State (3 % of line 1a)	
2a	Games with rake where chips have monetary value (From page 4, line 49 total column)	
2b	Percentage to State (10 % of line 2a)	
2c	Games without rake where chips have monetary value (From page 4, line 56 total column)	
2d	Percentage to State (10 % of line 2c)	
2e	Total for games with/without rake (Add lines 2a and 2c)	
3a	Total revenue (Add lines 1a and 2e)	
3b	Total percentage to State (Add lines 1b, 2b and 2d) *	
4a	Less prizes paid in checks (From page 2, line 14-d)	
4b	Less prizes paid in cash (From page 2, line 14-e)	
4c	Total Prizes (Add lines 4a and 4b)	
5	Income after prizes (Line 3a minus line 4c)	
6	Charity allocation (35 % of line 5) **	

Line	Expenses	
7	Game operator fees ***	
8	Facility rental fee	
9	Equipment rental fee	
10	Other expenses	
11	Percentage paid to State (Line 3b)	
12	Total expenses and percentage paid to State (Add lines 7 through 11)	
13	Income (Loss) after prizes, allocation & other expenses (Line 5 less lines 6 and 12)	
14	Total income (Loss) (Add lines 6 and 13)	

* Pay this amount to the New Hampshire Racing and Charitable Gaming Commission within 5 business days of the game date. (RSA 287-D:3 IX)

** If less than 35%, explain below the reason the Charity has not received at least 35%. Attach separate statement if more room is required.

*** This amount cannot exceed \$25 unless there is a written agreement between the game operator and the charity (RSA 287-D:2-b, II & II a)

List All Prizes Paid By Cash or Check
All prizes of more than \$500 shall be paid by check (RSA 287-D:2-b, VIII)

[illegible][illegible]

	Prize	Ck #	Amt
14-b	Subtotal		
	Carryover		

	Prize	Ck #	Amt
14-c	Subtotal		
	Carryover		
	14-d	TOTAL prizes paid by check	

14-e	TOTAL prizes paid by cash		
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LISTING OF GAMES WHERE CHIPS HAVE NO MONETARY VALUE

Line	SCHEDULED TOURNAMENTS									TOTAL
15	Game Time									
16	Type of Game									
17	Buy-In Amount									
18	# of Buy-Ins Sold									
19	Total Buy-In Amount (Multiply line 17 by 18)									
20	Re-Buy Amount									
21	# of Re-Buys Sold									
22	Total Re-Buy Amount (Multiply line 20 by 21)									
23	Prize Amount (Must be 80% or Less)									
	MINI TOURNAMENTS (Continued Below)									TOTAL
24	Game Time									
25	Type of Game									
26	Buy-In Amount									
27	# of Buy-Ins Sold									
28	Total Buy-In Amount (Multiply line 26 by 27)									
29	Re-Buy Amount									
30	# of Re-Buys Sold									
31	Total Re-Buy Amount (Multiply line 29 by 30)									
32	Prize Amount (Must be 80% or Less)									
	MINI TOURNAMENTS									TOTAL
33	Game Time									
34	Type of Game									
35	Buy-In Amount									
36	# of Buy-Ins Sold									
37	Total Buy-In Amount (Multiply line 35 by 36)									
38	Re-Buy Amount									
39	# of Re-Buys Sold									
40	Total Re-Buy Amount (Multiply line 38 by 39)									
41	Prize Amount (Must be 80% or Less)									
42	TOTALS (Add lines 19, 22, 28, 31, 37 and 40)									

GAMES WHERE CHIPS HAVE MONETARY VALUE WITH A RAKE

Line										TOTAL
43	Game Name									
44	Chip Value									
45	Total Chip Amount									

										TOTAL
46	Game Name									
47	Chip Value									
48	Total Chip Amount									
49	GRAND RAKE REVENUE (Add lines 45 & 48)									

GAMES WHERE CHIPS HAVE MONETARY VALUE WITHOUT A RAKE

										TOTAL
50	Game Name									
51	Chip Value									
52	Total Chip Amount									

										TOTAL
53	Game Name									
54	Chip Value									
55	Total Chip Amount									
56	TOTAL REVENUE/LOSS(Add lines 52 & 55)									

Attach a List of all Persons that Participated in the Operation of Games of Chance. Pursuant to RSA 287-D: 5-III, (c) and (d), the financial report shall include the names and addresses of the members who participated in the games of chance.

Charitable Organization to Complete:

We hereby certify, under the penalty of unsworn falsification pursuant to RSA 641:3, that the above statements and all documents contained within this report are true, accurate and correct and that there are no willful misrepresentations in or falsifications of the above statements or answers to questions.

Prepared By: _____

Treasurer (print name): _____

Signature: _____
Date

Chairperson (print name): _____

Signature: _____
Date

Game Operator to Complete:

I hereby certify, under the penalty of unsworn falsification pursuant to RSA 641:3, that the above statements and all documents contained within this report are true, accurate and correct and that there are no willful misrepresentations in or falsifications of the above statements or answers to questions.

Prepared By: _____

Exec. Officer (print name): _____

Signature: _____
Date